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# Health Insurance Reform



**Congressman Jesse L. Jackson, Jr.**

August 18, 2009

Sheldon Heights Church of Christ



# **Health Insurance Reform**

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## ***Today's Agenda***

- 1. Why We Need Health Insurance Reform**
- 2. How Will Reform Affect Me?**
- 3. Frequently Asked Questions**
- 4. Myths v. Facts**

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# **Health Insurance Reform**

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## **1. Why We Need Health Insurance Reform**

2. How Will Reform Effect Me?

3. Frequently Asked Questions

4. Myths v. Facts

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# Why We Need Insurance Reform

## *Status Quo is Unacceptable*



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- » 46 million Americans –1 out of 6—are uninsured
- » Health care costs are rising and out of control
- » Insured and uninsured lack stable, dependable, quality insurance
- » High cost of health coverage puts businesses at a competitive disadvantage, either dropping insurance or laying off employees
- » If we do nothing, conditions will get worse

We need to reform health insurance because the status quo is unacceptable.

1) 46 million Americans - 1 out of 6 are uninsured

- 14,000 people a day lose their health insurance
- the average American family is paying \$1,100 year for uncompensated care

2) Health care costs are rising and out of control;

- 17,000 people a week file for bankruptcy because of health care costs
- Employer-sponsored health insurance premiums have nearly doubled since 2000, a rate three times faster than wages.

3) The insured and underinsured lack stable, dependable quality insurance;

- Now insurance companies ration healthcare by deciding what treatments your doctor can or can not provide, deny coverage for pre-existing conditions, decrease the amount of care you get while continuing excessive out-of-pocket expenses like deductibles or co-pays.

4) Businesses are put at a competitive disadvantage, either dropping coverage or laying off employees

- In the past two years, more than half of small businesses that offered coverage reported switching to plans with higher out-of-pocket costs in response to rising premiums. Another third switched to a plan that covered fewer services, and 12% dropped coverage entirely.
- Among small businesses that offer coverage, 40% report spending more than 10% of their payroll on health care costs.

If we do nothing, conditions will only get worse.

# Why We Need Reform in Illinois

## » Illinoisans Can't Afford the Status Quo

## » Affordable Health Coverage Is Increasingly Out of Reach in Illinois

## » Illinoisans Need Higher Quality, Greater Value and More Preventative Care

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Illinoisans know that inaction is not an option. Sky-rocketing health care costs are hurting families, forcing businesses to cut or drop health benefits, and straining state budgets. Millions are paying more for less. Families and businesses in Illinois deserve better.

### A. Illinoisans Can't Afford the Status Quo

- Roughly 8.1 million people in Illinois get health insurance on the job, where family premiums average \$13,631, about the annual earning of a full-time minimum wage job.
- Since 2000 alone, average family premiums have increased by 89 percent in Illinois.
- Household budgets are strained by high costs: 22 percent of middle-income Illinois families spend more than 10 percent of their income on health care.
- Illinois businesses and families shoulder a hidden health tax of roughly \$1,200 per year on premiums as a direct result of subsidizing the costs of the uninsured.

### B. Affordable Health Coverage Is Increasingly Out of Reach in Illinois

- 14% of people in Illinois are uninsured, and 64% of them are in families with at least one full-time worker.
- While small businesses make up 75 percent of Illinois businesses, only 41 percent of them offered health coverage benefits in 2006 – down 7 percent since 2000.
- The percent of Illinoisans with employer coverage is declining: from 67 to 64 percent between 2000 and 2007.
- Choice of health insurance is limited in Illinois. HCSC (Blue Cross Blue Shield) alone constitutes 47 percent of the health insurance market share in Illinois, with the top two insurance providers accounting for 69% of the health care market.

### C. Illinoisans Need Higher Quality, Greater Value and More Preventative Care

- The overall quality of care in Illinois is rated as "Weak"
- Preventative measures that could keep Illinoisans healthier and out of the hospital are deficient, leading to problems across the age spectrum:
  - a. 21 percent of children in Illinois are obese.
  - b. 22 percent of women over the age of 50 in Illinois have not received a mammogram in the past two years.
  - c. 41 percent of men over the age of 50 in Illinois have never had a colorectal cancer screening.

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# How Will Reform Affect Me?

## *Quality Coverage That Can't Be Taken Away*

### » Health Insurance Exchange

- You will always have a source of coverage if your job doesn't provide it
- Simple and easy to shop for insurance



### » Guaranteed Issue

- No one can deny you coverage if you fall sick or have been sick in the past



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Under H.R. 3200, you will always be able to get the coverage you need. If you or your spouse loses a job, hits a rough patch, or falls sick, you won't need to worry about insurance.

#### •Health Insurance Exchange

- Will give people the option to select a health care plan from a menu of competing plans. Participants are provided with a menu or gateway for selecting a coverage option.
- Exchange provides three key benefits:
  - A stable source of coverage if job-based coverage is unavailable.
  - A simple gateway to shop for an affordable policy
  - Financial help for people and businesses that can't afford insurance

#### •Guaranteed Issue

- Right now, insurance companies can deny you coverage due to an existing health problem. For example, if you've had a heart attack or cancer, an insurance company can exclude your condition from coverage.
- As part of health insurance reform, insurers have agreed to "guaranteed issue", which means they must issue a policy to anyone who applied so long as that person pays his or her premiums and they can't use a pre-existing condition exclusion to deny someone coverage.

## How Will Reform Affect Me?

### *Quality Coverage That Can't Be Taken Away*

#### » Community Rating

- Won't pay more for insurance because you were ill or suffered a serious injury, or because a co-worker fell ill

#### » Public Health Insurance Option

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- Ability to buy into the public option if you don't have employer-based health care or if you are a small business

#### •Community Rating

- Today, if you develop a health issue such as cancer, you may have to pay more for your coverage. This can happen if you bought your own coverage and need to change it, or you have to change jobs.
- Any new insurer can charge you more for your coverage based on your health problems, a practice called "experience rating". Health care reform would prevent insurance companies from increasing your premiums for these reasons

#### •Public Option

- Public option will be offered to help level the playing field and keep all private insurers price competitive and affordable
- A Common misconception is that government is taking over the entire health insurance industry and everyone will be forced onto the public plan—no one will be forced onto the public option. It is just that—an "option." If you like your insurance and the doctors you have now, you can keep them.
- The Public Option will be self-sustaining—financed only through the premiums it collects.



# How Will Reform Affect Me?

## *Stable Costs That Won't Threaten Your Finances*

### » Pay for Performance

- Doctors will be paid for making you well, not to do procedure after procedure



### » Coverage Subsidies

- If you can't afford insurance, you'll get help paying for premiums



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#### Pay for Performance

- Pay-for-performance means changing how public and private insurance plans pay doctors and hospitals for their services. Today, providers are typically paid a fee for every service, which naturally encourages doctors to provide more services regardless of the value to the patient.
- Under the plan for reform, doctors will begin to be paid for the value of the care they provide, not the volume. Providers will receive a lump sum payment for treatment like hospitalization that will include follow-up care. The hospital will have to bear the cost of any re-admissions for up to 30 days.

#### Coverage Subsidies

- If you can't afford insurance premiums, you will get help in paying them. The amount of help you'll get will depend on your income, with lower-income families and individuals getting a higher subsidy that will begin to phase out as income increases.
- Subsidies will be provided in three ways:
  - Direct subsidy to low income individuals where the amount would depend on a person's income
  - Requirement that employers either offer insurance to their employees or pay a fee that would help pay for coverage
  - Tax credit for small employers so they can afford to purchase insurance for their workers

# How Will Reform Affect Me?

## *Stable Costs That Won't Threaten Your Finances*

### » Ban on Benefit Caps

- You will never leave the hospital with bills too big to pay because your benefits have run out

### » Administrative Simplification

- Premiums will no longer pay for piles of unnecessary paperwork and red tape

### » Public Health Insurance Option

- Premiums will go down as competition with a low-cost, high-quality public plan improves market efficiency

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#### Ban on Benefit Caps

•More than half of workers with coverage through their jobs have a lifetime cap on their benefits. Some patients with major illness or severe injuries have health care expenses that can exceed \$1 million. No one can ever be expected to bear the risk of such extraordinary costs.

•\*\*Even Superman actor Christopher Reeve, with all of his resources, would have faced a financial problem if he would have lived another 5 years.

•Under H.R. 3200, insurance policies will no longer have a limit on the benefits they cover for a year or for a lifetime. This means middle class families don't need to worry that the health care expenses from a serious illness or accident will put them into bankruptcy.

#### Administrative Simplification

•Today, each doctor's office has to deal with burdensome billing and administrative procedure for receiving payments from insurers, Medicare, Medicaid, or CHIP. Nearly two-thirds of doctors report such paperwork means they have less time to spend with patients.

•Both patients and doctors are frustrated with the paperwork and are paying an enormous financial price for it. The money wasted across the country totals \$500 to \$700 billion over 10 years. The new plan will reduce this administrative waste.

#### Public Plan

•According to the American Medical Association, 94% of insurance markets in the U.S. are highly concentrated, meaning one insurer controls a large share of the market. Because competition is low in insurance markets, insurance companies often make consumers pay inflated prices for coverage and insurers have very little incentive to control their costs.

•The Public option allows the government to use their purchasing power to negotiate for lower costs and spread the risk over a large number of people, allowing for lower premiums. In order to compete with the public option, private insurers would also have the incentive to negotiate for lower costs and pass their savings on to consumers.

# How Will Reform Affect Me?

***Stable Quality Care That Keep What Works and Improves What Doesn't***



## » Comparative Effectiveness

- Doctors will have the best and most up-to-date research so they can give you the best and most up-to-date care



## » No Cost-Sharing for Preventative Services

- Vaccinations, cholesterol screenings and other preventative treatments will be free

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### Comparative Effectiveness

- Comparative effectiveness and improved information technology will give you and your doctor a stronger, more accessible scientific foundation to ensure you get the right care at the right time
- Doctors and health care providers need access to new research that compares promising new treatments with existing treatments to determine the best course of action. Reform will provide a permanent source of funding for comparative effectiveness research.

•\*\*Example: A classic study gave 135 doctors the exact same patient case-study and the result was 82 different treatment options.

•How does this happen? Some doctors haven't learned the most up-to-date research. Other received info from sales representatives who have their own view on the best care.

•There are so many medical conditions and options for treatment it is impossible for patients to chose the best one and difficult for doctors to stay current.

### Eliminating Cost-Sharing for Preventative Services

- Reform will establish standards for benefits that will make key preventative services free for patients.

• Some preventative services such as vaccines and smoking cessation counseling save money. Other preventative services such as cancer screenings are relatively inexpensive, provides for better treatment outcomes through early detection. Eliminating the cost barriers to proven preventative services will make it easier for people to take advantage of them.

## How Will Reform Affect Me?

### *Expansion of Medicare Benefits and Assistance for Small Business*

#### » For Seniors:

- Closes the Part D “donut hole”



#### » For Small Business:

- Mandates business to provide coverage unless under \$500,000 in annual payroll
- Provides tax credits and other incentives to help small business provide affordable coverage



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#### • Medicare Reforms

- The new plan enhances benefits for seniors under Medicare and eliminates the Medicare Part D “donut hole” over time, eliminates cost-sharing (co-pays and deductibles) for preventative services, improves the low-income subsidy programs, fixes physician payments, and makes many other program improvements.
- Extends the program solvency by improving payment accuracy, eliminating overpayments to private plans, and expands authority to fight waste, fraud, and abuse

#### • For Small Business

- Under H.R. 3200, small businesses are required to provide coverage for their employees or pay a penalty that will go towards helping employees without insurance gain coverage on the Exchange. This requirement will not apply to businesses that have less than \$500,000 in annual payroll
- Small businesses that do provide coverage will get a tax credit for each employee they provide with coverage

## How Will Reform Affect Me?

### *Benefits for The 2<sup>nd</sup> District of Illinois*

- » 96,000 uninsured constituents would gain access to quality health insurance
- » Up to 14,200 small businesses could receive tax credits
- » 6,700 seniors would avoid the Part D donut hole
- » 1,490 families could escape bankruptcy each year
- » Hospitals and providers would receive \$72 million each year in care for the uninsured

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H.R. 3200 would provide significant benefits in the second district of Illinois.

- 96,000 uninsured constituents would gain access to quality, affordable health insurance
- Up to 14,200 small businesses could receive tax credits to provide coverage to their employees
- 6,700 seniors would avoid the donut hole of prescription drug coverage in Medicare part D
- 1,490 families could escape bankruptcy each year due to unaffordable health care costs
- Hospitals and health care providers would receive \$72 million each year to provide care for the uninsured

# Health Insurance Reform

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1. Why We Need Health Insurance Reform

2. How Will Reform Affect Me?

**3. Frequently Asked Questions**

4. Myths v. Facts

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## Frequently Asked Questions

### » “I’m healthy and my large employer offers great coverage that I don’t want to change”

- You don’t have to change your insurance under H.R. 3200. If you like your insurance and your doctor, you can keep them!
- Your premiums and out-of-pocket costs should decrease
- You will be able to switch jobs without worrying about your new employer offering coverage

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- For healthy people with large employers who want to keep what they have:
  - Under the new plan, you won’t have to change anything. If you like your insurance and your doctors, you can keep them. This bill does not mandate any changes to what is already working.
  - Those with insurance will be able to switch jobs without worrying about whether their new employer offers coverage or not
  - New bill will actually result in your costs going down
    - The bill caps out-of-pocket costs and prohibits lifetime limits on benefits, so you will not have to worry about medical bankruptcy as a result of unexpected medical costs.
- You may ask, “I’m concerned large companies will dump their insurance and force everyone on the public plan. Will this happen?”
  - No. Large companies will not be able to dump their employee benefits and force everyone on to the public plan.
  - Large companies will be required by law to provide health insurance for their employees. If they don’t, they will have to pay a penalty that will help contribute to the costs of providing health insurance for the uninsured.

## Frequently Asked Questions

» “I’m a senior with Medicare benefits. How will this change my coverage? Are my premiums increasing?”

- New bill enhances Medicare benefits, including closing the Part D “donut hole” and eliminating cost-sharing for preventative services
- No premium increases
- You will still be able to see your regular doctor

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### •Effect on Seniors with Medicare Coverage

•New bill will enhance the benefits received under Medicare by closing the Part D “donut hole” over time, will ensure that seniors take better advantage of preventative services by eliminating all cost-sharing (co-payments and deductibles) for preventative care, and will improve low-income subsidy programs so that more people get the financial help they need to make sure Medicare is affordable for them

### •Premiums

•Medicare premiums are not increasing under this bill. The legislation will have the opposite impact, and the payment changes in the bill will actually slow future increases in the Part B premium.

### •You will still be able to see your regular doctor

- This legislation is endorsed by the American Medical Association and other organizations because of the positive changes it makes for physicians who participate in Medicare.
- It fixes the long-standing problem with the physician payment formula and prevents a scheduled 20% cut in physician payments under the current system
- Makes unprecedented investments in the promotion of primary care which would enhance your access to primary care physicians and other health professionals

### •Medicare Cuts

- There are going to be significant changes to the payment policies in the Medicare program, but these changes are recommended by a non-partisan advisory body called the Medicare Payment Advisory Commission that advises Congress on changes that should be made to the Medicare system. It is made up of doctors, hospitals, and other health professionals
- Changes to payment policy include reducing overpayment to private insurance companies that are administering Medicare plans, improving payment accuracy to ensure the right amount is paid to providers, and expanding funding and authority to fight waste, fraud, and abuse.



## Frequently Asked Questions

### » “I’m a small business owner. Will this bill help me afford insurance for my employees?”

- Exchange will give small businesses access to coverage at rates similar to large employers
- Most small businesses will see a premium decrease
- Many small businesses will be eligible for a tax credit to help them afford health care and may be exempt from requirements to provide coverage

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### Small Businesses

- House bill will help small businesses immensely. Insurance companies will no longer be able discriminate against small businesses on the basis of the health of their employees and the Exchange will give small businesses access to coverage at rates similar to what large employers enjoy
- Most small businesses will see a decline in their premiums and some small businesses may also be eligible for a tax credit to help owners afford premiums.
- Small businesses with \$500,000 or less in annual payroll, will be exempt from any requirement to offer coverage or pay a penalty

## Frequently Asked Questions

### » “I’m currently uninsured. Will this legislation help me get insurance?”

- Affordable health care coverage for all Americans is main goal of the legislation
- Health insurance will be available to you through either your employer or the health insurance exchange
- If you can’t afford insurance, you will qualify for an affordability credit, to make sure you can get coverage

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### Coverage for the Uninsured

- Affordable health care coverage for all Americans is the main goal of the house health care bill
- If you are uninsured, you will be able to get coverage, either through your employer or through the health insurance exchange
  - Employers will be required to provide insurance for their employees, and this coverage will be more affordable and easier to obtain for business owners
  - If you don’t get insurance through an employer, you will be able to purchase insurance through the health insurance exchange, including the insurance offered by the affordable public option
- If you can’t afford to purchase health insurance, you may be able to qualify for an affordability credit that will help offset the costs of obtaining insurance
- Between now and 2013 (when the bill takes effect)-- Increasing funds will be provided for Community Health Centers so those without insurance can get the care that they need.

## **Frequently Asked Questions**

» “I have insurance, but I still can’t afford all of my medical bills. Will this change under the new plan?”

- New plan caps premiums and out-of-pocket expenses
- Eliminates limits on annual and lifetime benefits
- Plans offered in the exchange will eliminate cost-sharing for preventative services

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### **Underinsured**

- New bill will ensure that medical bills do not get out of hand and that medical expenses are not the cause of bankruptcies
- New legislation caps premiums and out-of-pocket expenses to insure that medical expenses remain manageable
- The Plan eliminates the limits on annual and lifetime benefits, so you won’t “run out” of insurance benefits if you have a catastrophic illness
- Plans offered in the health insurance exchange will eliminate cost-sharing (co-payments and deductibles) for preventative services to help make those services more affordable

## **Frequently Asked Questions**

» **“I got sick last year and now I can’t get health insurance. Will I be able to get coverage under the new plan?”**

- H.R. 3200 eliminates pre-existing condition exclusions—insurers can no longer deny coverage based on your pre-existing condition or charge you excessively high premiums
- Guaranteed issue and renewal for insurance plans

### **Pre-Existing Condition Exclusions**

- New legislation will prohibit pre-existing condition exclusions, meaning that insurers can no longer deny you coverage based on any pre-existing condition you may have or charge you an excessively high premium because of your condition
- It also includes provisions for guaranteed issue and renewal of insurance plans, so no one can be denied health insurance and plans must be renewed. It also prohibits the rescission of plans already issued, except in the case of fraud.

# **Health Insurance Reform**

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1. *Why We Need Health Insurance Reform*
2. *How Will Reform Affect Me?*
3. *Frequently Asked Question*

## **4. Myths v. Facts**

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## Myths v. Facts

1. **Myth:** *Health care reform means the government is taking over our health care.*

**Fact:** The government is NOT taking over your health care. Private insurance will not change, but will be subject to more protections for you, the consumer.

2. **Myth:** *Health reform means the government will ration health care.*

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**Fact:** Health decisions will only be made by the patient and their doctor, not the government or big insurance companies.

### 1.) The government is taking over health care

#### •Not True

- The government is not taking over health care, but is simply offering more protections for consumers in order to ensure that costs are kept down and that everyone has access to health insurance. Private health insurance will still exist and provide coverage to millions of Americans.
- The public option is just that, an option, and no one will be forced on to the public plan. It simply represents a more affordable option for those that don't have coverage already provided by their employer.
- Health Insurance reform is simply attempting to protect you, the consumer, and does NOT represent any government take-over of the health care industry.

### 2) Health care reform means the government will ration health care.

#### •Not true

- Nothing in the bill allows for the government to be making any medical decisions for Americans. Medical decisions will be made between doctors and patients only. There will be no government intervention in these decisions.
- Many people do not realize their health insurance is essentially being rationed right now by insurance companies. By deciding what doctors to include in their networks, by choosing what treatments, tests, etc., they will and will not cover, and by placing limits on the benefits they will pay you in a year or in a lifetime, insurance companies are "rationing" your care. Health care reform will actually limit the amount of rationing that takes place already, by reducing cost-sharing and eliminating the limits on annual and lifetime benefits that insurance companies will pay you.
- Many people think that §1401, providing for comparative effectiveness research, will lead to rationing, but this is not true. This section simply provides funding for research into the effectiveness of certain treatments, so that doctors can determine what is the best treatment for you and provide you with the best, most effective care.

## Myths v. Facts

3. **Myth:** *The health care bill creates “death panels” who will decide when seniors need to end their lives.*

**Fact:** The bill provides only for Medicare coverage for a consultation with your doctor about advance planning, such as the creation of living wills and other advance directives.

4. **Myth:** *The bill will kill jobs and small businesses.*

**Fact:** Small businesses will benefit enormously from the House bill.

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3. The health care bills creates “death panels” and will tell seniors when and how to die.

•Not True

•§ 1233 provides only for Medicare coverage of an appointment where you discuss advanced planning with your doctor. This includes any conversation you have with your doctor about creating a living will or any other advance directive that may help you and your family make those difficult decisions if they are faced with the situation.

•These appointments are NOT mandatory. No American will be forced to make this appointment or have any advance directives created. The section simply provides for Medicare coverage if you do decide to have the appointment.

•The government will have absolutely no interference in these decisions—they will be left completely up to the patient and their doctor.

4. The bill will kill jobs and small businesses

•Not true

•Health care reform will reduce health care costs for small businesses dramatically. Reform can actually save and increase jobs. According to economists (Phillip Cryan, University of California-Berkeley), health care reform may actually result in a net gain of 55,000 jobs and a rise in productivity.

•Health care reform eliminates price and benefit discrimination against small businesses. Some small businesses will actually get tax credits in order to help them to be able to afford to provide health insurance for their employees

•Many small businesses will be exempt from the employer responsibility requirements, others will be subject to lower rates. All will have better options for providing their employees with coverage under this plan.

## Myths v. Facts

5. **Myth:** *Health care reform will raise my taxes. We can't afford reform.*

**Fact:** Health care reform will be paid half through cost savings from efficiencies and savings in Medicare and Medicaid and half from through a surcharge on only the wealthiest 1.2% of Americans.

6. **Myth:** *The government is cutting Medicare benefits.*

**Fact:** Health care reform will actually expand Medicare benefits and will not take away any of senior's choices.

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5. Health care reform will raise my taxes.

•Not true

•The estimated \$1 trillion cost of implementing health care reform will be paid for two ways. First, through the tremendous cost savings that will be recognized through creating more efficiencies in Medicare and Medicaid, such as cutting overpayments to private plan providers under these systems. Second, about half the cost of health care reform will be financed through a surcharge on the wealthiest 1.2% of Americans, who received a disproportionate share of tax cuts over the last decade. There will be no tax increases for middle America.

•According to the Joint Committee on Taxation, most small businesses will see NO tax increases under this proposal. Small business owners who will pay the surcharge include hedge fund and private equity managers, lawyers, and lobbyists who make millions of dollars a year.

•The non-partisan Congressional Budget Office estimates that the reform policies in the House health care bill are deficit-neutral over the next 10 years and may even provide a \$6 billion surplus. Further, the CBO estimated that the reforms will provide affordable coverage for 97% of Americans, two years after the program starts.

6. The government is cutting Medicare benefits.

•Not true.

•The House proposal actually expands Medicare benefits and saves seniors money.

•The House bill will phase out the Part D "donut hole" over a number of years, eliminates co-pays and deductibles for preventative services, limits cost-sharing in Medicare Advantage plans, and improves Medicare's low-income subsidies.



## Myths v. Facts

7. **Myth:** *The new health care bill will cover all undocumented immigrants in the United States.*

**Fact:** H.R. 3200 explicitly prohibits undocumented immigrants from receiving any Federal health benefits.

8. **Myth:** *H.R. 3200 mandates coverage for abortion.*

**Fact:** Current version of the bill does not touch abortion and does not mandate its coverage.

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7. The health care bill will cover undocumented immigrants.

- Not true

- Section 246 of the bill explicitly states that undocumented immigrants will not be covered.

- § 246: No federal payments for undocumented aliens. Prohibits anyone not lawfully present in the United States from obtaining affordability credits.

8. H.R. 3200 mandates coverage for abortion.

- Not true

- The word “abortion” does not appear anywhere in the house health care bill

- Current version does not touch on the abortion issue and does not mandate coverage for abortion

## **Want More Information?**

[\*\*http://www.whitehouse.gov/realitycheck\*\*](http://www.whitehouse.gov/realitycheck)

[\*\*http://waysandmeans.house.gov\*\*](http://waysandmeans.house.gov)



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